

976

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth MIAMI County GILA No. _____ St. _____
(Registration District)SEX OF CHILD* MALE Twin { } and { } Number
Triplet in order
or other? of birthDATE OF BIRTH* JULY 7 1923
(Month) (Day) (Year)FULL* FATHER
NAME ABRAHAM JOSE AGUIRREFULL* MOTHER
MAIDEN NAME SOLEDAD CRUZI HEREBY CERTIFY that the child described herein
has been namedFERNIN AGUIRRE

(Give name in full)

(Surname)

Emilio Lopez Agudaca
(Physician's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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615-707-239